

MARCH 15, 1955

VOL. 29

No. 6

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Review

OF THE CHICAGO DENTAL SOCIETY



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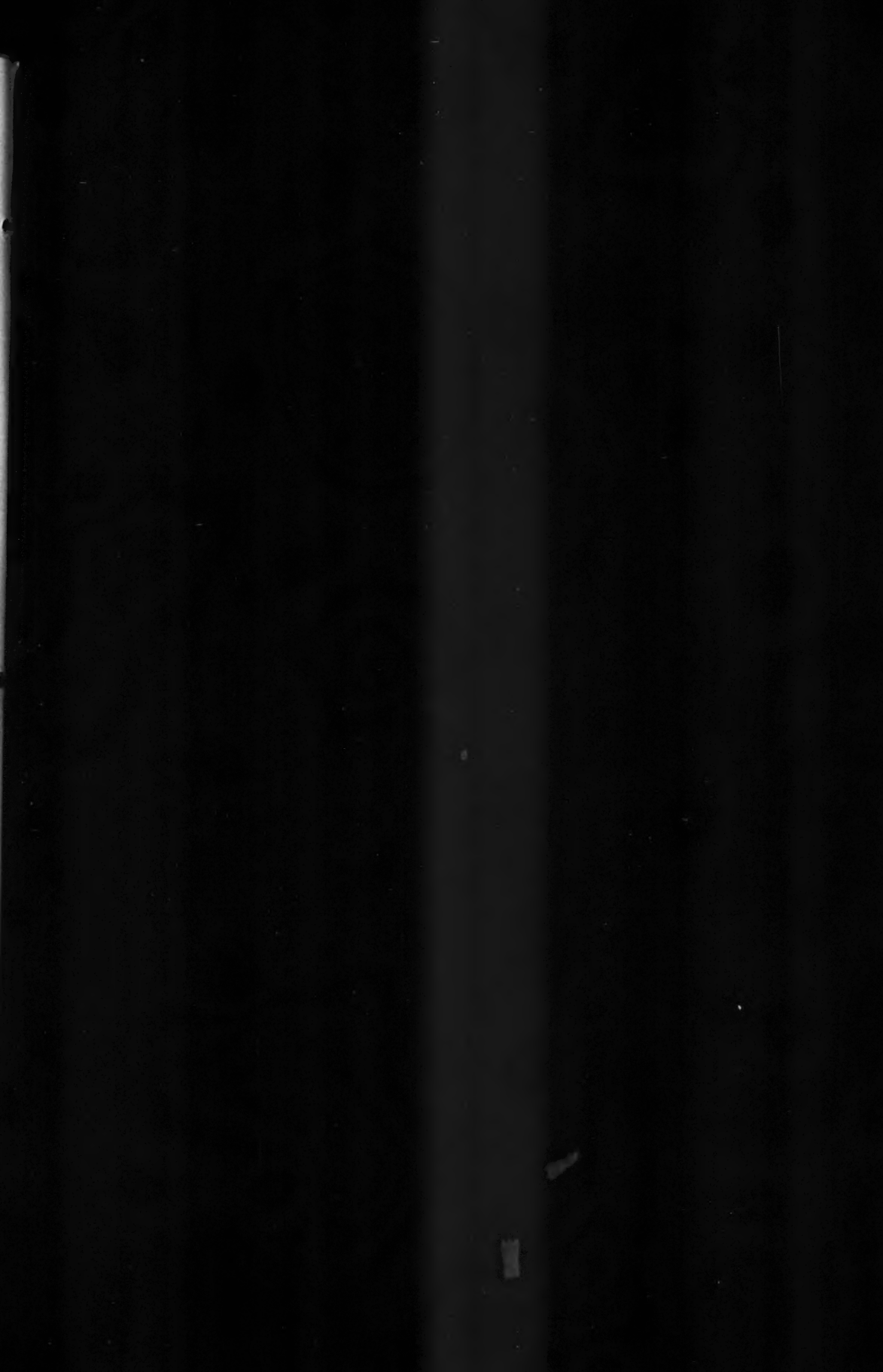
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The Fortnightly **REVIEW** **OF THE CHICAGO DENTAL SOCIETY**

Number 6
Mar. 15, 1955
Volume 29

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EDWARD J. SULLIVAN
KARL S. RICHARDSON

EDITOR
BUSINESS MANAGER

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Manuscripts and news items of interest to the membership of the society are solicited.

Forms close on the first and fifteenth of each month. The early submission of material will insure more consideration for publication.

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THE CALENDAR

- March 15:** CHICAGO DENTAL SOCIETY: A meeting will be held in the Upper Tower Ballroom of the Conrad Hilton, 8:00 p.m. Dr. John L. Woehler, of Sierra Madre, California, will discuss "A New Concept in Practice Administration."
- March 17:** CHICAGO DENTAL ASSISTANTS ASSOCIATION: Meeting in the Conference Room of the Pittsfield Building, 8:00 p.m.
- March 25:** TESTIMONIAL DINNER for Dr. Elmer Ebert will take place in the Crystal Room of the Palmer House, cocktails at 6:00 p.m., dinner at 7:00.
- March 25:** NAVAL DENTAL RESERVE: Meeting at the Naval Armory, 8:00 p.m. See page 12 for details.
- April 5:** KENWOOD-HYDE PARK BRANCH: Regular meeting and election of officers will be held at the Sherry Hotel.
- April 5:** NORTH SIDE BRANCH: Regular meeting and election of officers at the Edgewater Beach Hotel.
- April 12:** NORTHWEST SIDE BRANCH: Regular meeting and election of officers at Stella's Restaurant.
- April 12:** WEST SIDE BRANCH: Part VI of Full Denture Prosthesis program—at the Midwest Hotel.
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The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

March 15, 1955

Volume 29 • Number 6

The Status of Existing Knowledge Regarding the Treatment of Periodontal Disease*

Irving Glickman, B.S., D.M.D., F.A.C.D., Boston, Massachusetts

One of the more significant developments in the scope of health service available to the American public is the change which has taken place in the practice of dentistry. For

centuries past, custom identified dentistry as a profession concerned primarily with problems involving only the teeth, such as fillings, "straightening teeth," extractions, dentures, and bridges. The impetus for the metamorphosis of dentistry from a discipline confined to problems of the teeth



Dr. Glickman

alone to the comprehensive oral health service it is today is the recognition that disease of the tissues which support the teeth (periodontal disease), rather than disease of the teeth themselves (caries), is the major cause of tooth loss in the adult population. The inculcation of a "periodontal consciousness" into the practice of dentistry stimulated dentists to seek the most advanced information regarding the nature and treatment of perio-

dontal disease which could be utilized for the benefit of their patients. The expanding interest in periodontology has also been reflected in the education of the dental student and resulted in an increasing emphasis upon the teaching of periodontology in the undergraduate dental curriculum.¹ Today, the diagnosis and treatment of periodontal disease are routine aspects of the practice of general dentistry.

The tissues which support the teeth are subject to a variety of diseases. Of these, chronic destructive periodontal disease is of the greatest interest because it is this condition which commonly leads to tooth loss if it is permitted to progress untreated. The term "pyorrhea" formerly in common usage for chronic destructive diseases of the periodontium has been replaced by an assortment of terms such as periodontitis, periodontosis, diffuse alveolar atrophy, periodontitis simplex and complex. These latter terms are advocated because they ostensibly serve to differentiate between several types of chronic destructive periodontal disease. Because the term "pyorrhea" has attained the status of a colloquialism which transcends even international differences of opinion regarding terminology, it will be used here to designate chronic destructive periodontal disease of the supporting tissues.

Despite the fact that the treatment of

*Presented at the Midwinter Meeting of the Chicago Dental Society, February 8, 1954.

[Editor's Note: *Dr. Irving Glickman was graduated from Tufts College Dental School in 1938, having received his B.S. degree in 1933 from Brooklyn College. At present, he is Professor of Oral Pathology and Director of the Division of Graduate and Postgraduate Studies at Tufts and he also serves as consultant and lecturer to various dental organizations. He has contributed to many dental and medical journals and has presented lectures throughout the United States, Canada, South America, and in many European countries. He is the author of a textbook, Clinical Periodontology.*

Dr. Glickman was the winner of the Chicago Dental Society's Annual Prize Essay Contest in 1943. Among his other awards is the Honors Day Award, Distinguished Alumnus, Brooklyn College in 1949. He was president of the Greater Boston Dental Society in 1948.

He is a Diplomat of the American Board of Periodontology and of the American Board of Oral Pathology; a Fellow of the American Academy of Dental Science and many other dental groups. He is a member of Sigma Xi and Omicron Kappa Upsilon fraternities.]

periodontal disease is now a recognized service in the practice of general dentistry, the mind of the public is still imprisoned by the outmoded, erroneous impression that pyorrhea is an incurable disease, and that when it does occur, the teeth must be extracted. The false impression that pyorrhea cannot be treated successfully is nurtured in certain segments of our press by the irresponsible writings of some of our syndicated medical columnists. Under the guise of rendering a health service these "experts in every specialty of medicine" present half-truths and misinformation about pyorrhea. They depict it as a mysterious disease about which dentists know little or nothing; a disease which makes tooth loss imperative. Such "self-appointed dental specialists" are a menace to the oral health of the nation. The extent of the disservice they render is measured in terms of the thousands of individuals who each year unnecessarily sacrifice their natural teeth upon the altar of their misplaced confidence in the printed word.

It should be recognized that as much or more is understood about the nature of pyorrhea as is known about most other chronic diseases. Furthermore, pyorrhea can be treated effectively and the loss of teeth because of pyorrhea can be prevented. There are many aspects of the periodontal problem which are yet to be solved. Unfortunately, this is equally true regarding most other chronic diseases. In

the field of periodontology, as in all biologic sciences, we are mindful of the need for continued research if real progress is to be made. Nevertheless, in our zeal for unearthing new information we must not overlook the accumulation of knowledge which is available and can be utilized in the daily practice of dentistry for the successful treatment of pyorrhea.

When a clinical problem is the initiating stimulus for research, it is logical to expect that the viewpoint of the research will be conditioned by the clinician's impressions of the problem. Bone loss in periodontal disease is a chronic destructive process. For this reason, research regarding bone changes in periodontal disease was initially focused upon those factors in the oral cavity which could induce destruction of bone, such as trauma from occlusion (the injurious effects of excessive occlusal forces) and gingival inflammation arising from a wide variety of local irritants.

The circulatory and cellular changes in inflammation are responsible for most of the clinical features generally identified with pyorrhea. Gingival bleeding, pocket formation, and even loss of alveolar bone all are in some measure the result of gingival inflammation. Although not present in every case, all of these clinical alterations are important in the over-all process of chronic destructive periodontal disease. However, in the final analysis, it is the destruction of alveolar bone which is

responsible for the loss of the teeth. An understanding of the effect of inflammation upon alveolar bone is therefore a prerequisite for the intelligent management of periodontal disease.

The destruction of alveolar bone associated with gingival inflammation is a marginal process. The marginal surface of the bone in relation to the inflammation is a critical zone. The response of the alveolar bone to the inflammation is not limited to resorption. Bone formation is a common finding in close proximity to the areas of resorption induced by the inflammation. This bone formation compensates in varying degrees for the tissue loss induced by the inflammation. Thus, the rate of bone loss which occurs clinically is not simply the expression of a bone destructive process. Instead it represents the extent to which the microscopic resorptive changes exceed the bone formative activity. The overall progress of bone loss in the presence of inflammation is also dependent upon systemic influences.² It has been recognized for a long time that loss of alveolar bone can occur in periodontal disease in the absence of gingival inflammation, as the result of systemic disturbances.

Bone loss in chronic destructive periodontal disease is not necessarily a continuous process nor does it proceed at a constant rate. Even in untreated periodontal disease, autopsy studies indicate new bone formation and the replacement of previously destroyed bone in the presence of gingival inflammation and extensive pocket formation.

The clinical management of periodontal disease consists of diagnosis, determination of prognosis, treatment planning and actual treatment procedures, coordinated in orderly sequence for the purpose of restoring and maintaining the health of the periodontium. Early diagnosis is the keystone of successful treatment. Too often, periodontal disease has progressed undetected to its terminal stage before treatment is sought. In the minds of too many, the term "periodontal disease" means "advanced periodontal disease."

In essence, the treatment of periodontal disease entails local instrumentation procedures. Pocket eradication and the removal of calculus constitute the foundation upon which the local treatment of chronic destructive periodontal disease is based. In the microscopic examination of autopsied human jaws, it is extremely rare to find a periodontal pocket of any appreciable depth which is devoid of calculus. The periodontal pocket, *per se*, is not directly responsible for bone loss in chronic destructive periodontal disease. However, the inflammatory changes associated with the periodontal pocket do exert a destructive effect upon the underlying bone.

Because inflammation is the most common pathologic alteration responsible for the clinical changes in chronic destructive periodontal disease, the elimination of local inflammatory stimuli and the resolution of the inflammatory processes constitute the immediate aims of local treatment procedures. The cessation of the destruction of the underlying tissues of the periodontium and the restoration of tissue destroyed by disease are the desired sequelae to alleviation of the inflammatory changes. It is axiomatic that the extent to which local treatment will be effective in arresting the bone destructive process depends upon (a) the extent to which local factors are responsible for the underlying bone loss and (b) the thoroughness of local treatment.

In appraising the rationale of local treatment procedures, it should be borne in mind that the inflammation responsible for so much of the clinical disease is at the same time the defense reaction of the body to the local insulting agents. In most instances, chronic destructive periodontal disease is a disease process which even in its active stages is undergoing healing. Healing is part of the over-all microscopic picture. Local treatment, by removing conditions which induce the destructive changes, creates an environment conducive to the acceleration of the inherent healing processes.

This means that local treatment procedures must be uncomplicated and di-

rect so as to eliminate local etiologic factors effectively and at the same time interfere as little as possible with existing healing tendencies. Local treatment procedures must be carried out efficiently. Each treatment procedure must serve a purpose and it must serve its complete purpose the first time it is used. It is pointless to prolong the treatment of periodontal disease over a long period of time. It is well to bear in mind that a regime which requires repeated treatments in the same area on successive visits will disturb the healing processes and retard healing.

Custom has classified the methods of pocket eradication into two main groups:

I. The "conservative" methods which consist essentially of scaling and curettage.

II. The "radical" methods which refer to surgical forms of treatment.

The connotation of local periodontal treatment procedures as either "conservative" or "radical" should be discontinued. It perpetrates the erroneous notion that the difference between the techniques is one of "kind", when it is only one of "degree." Actually, the "scaling and curettage" technique and the gingivectomy technique are both surgical methods for eradicating periodontal pockets. Each has its proper place. It is neither "conservative" nor good judgment to use "scaling and curettage" alone where surgical excision of the lateral pocket wall is indicated. On the other hand, the removal of gingival tissue when it is not necessary is a reflection of poor judgment on the part of the operator, not a manifestation of the "radical" nature of the gingivectomy technique.

A question frequently asked regarding the gingivectomy is "How deep should a pocket be to warrant treatment with gingivectomy?" It is not possible to answer this question dogmatically in terms of millimeters. If after thorough diagnosis, there is no doubt in the mind of the operator as to whether he can eradicate a pocket by "scaling and curettage" alone, the existence of that doubt is the indication of the need for gingivectomy. In no instance will the gingivectomy accom-

plish more in the hands of an inexperienced or careless operator than other methods of treatment. Nor will it compensate for inadequacies in scaling and root planing.

It is sometimes suggested that the gingivectomy technique should be "resorted to" for the eradication of a pocket after scaling and curettage has failed. Such a viewpoint is poor practice. If the operator has sufficient confidence in the gingivectomy technique to utilize it after other methods have failed, he should use it at the outset, especially in cases in which he doubts other methods would be effective. The patient should receive the benefit of the doubt and be spared the inconvenience of being subjected to a heroic attempt to accomplish that which is a questionable task from the outset. The gingivectomy technique should not be considered comparable to the surgical removal of an ailing organ after it has not responded to medical treatment. Limitation of clinical practice to "scaling and curettage alone, or adherence to a "scaling and curettage first" clinical philosophy, are as ill-advised as the use of the gingivectomy technique for all periodontal disturbances.

Pocket eradication and removal of calculus are not the sum total of the procedure required in the comprehensive local periodontal treatment. Other local measures such as the elimination of occlusal disharmonies, the correction of pernicious habits, and the establishment of a suitable functional environment are frequently necessary. The institution of effective oral physiotherapy is mandatory in order to insure an oral environment conducive to the maintenance of the health of the periodontal tissues. Oral physiotherapy entails a systematic regime of tooth brushing and gingival massage performed by the patient at least two times a day. It should be stressed however, that failure to deal effectively with pocket eradication curtails the benefits to be derived from other adjunct local measures and thereby precludes the possibility of successful treatment.

(Continued on page 23)

FRED N. BAZOLA
President
West Side Branch



Fred N. Bazola, President of the West Side Branch of the Chicago Dental Society, was graduated from the University of Illinois College of Dentistry in 1928. He has actively participated as an officer and committeeman for his Branch; worked on many committees of the Chicago Dental and the Illinois State Societies, and has served as chairman of the Clinic Committee and of the Motion Pictures Committee for past Chicago Dental Society Midwinter Meetings. He has presented clinics before dental groups throughout the United States.

Dr. Bazola is Associate Professor in the Department of Crown and Fixed Partial Dentures at the University of Illinois. He is a Past-president of the University of Illinois Alumni Association and of Sigma chapter of Omicron Kappa Upsilon. He is a member of the American Academy of Crown and Bridge Prosthodontics and a Fellow in the American College of Dentists.

ABSTRACTS

ALLERGIC SENSITIZATION

According to statistics, over 90% of the dental plates made today are processed from acrylic resins. In addition to heat-cured resins used in making entire dental plates, a great deal of acrylic denture relining and repair material is used that is self-cured without the application of heat. The acrylic denture base materials considered in this study are marketed in two forms: a powder polymer and a liquid monomer that are designed to be mixed by the dentist or dental mechanic, and a gel in which the polymer and monomer are already mixed by the manufacturer. The liquid monomer is methyl methacrylate, and the powder is polymethyl methacrylate. In addition to these denture materials that require heat for polymerization, similar materials that will polymerize at room temperature are used for repairing and relining dental plates. The self-cured resins normally contain a somewhat higher residual monomer content than the heat-cured resins. Methyl methacrylate liquid monomer is a sensitizer and can cause an allergic contact type of eczematous reaction on the skin and the oral mucosa. When it is completely polymerized, it is no longer a sensitizer or elicitor of allergic reactions. No instance

of allergic sensitization to heat-cured acrylic denture material was found in 20 patients with sore mouth caused by dentures. Self-cured acrylic denture material has sufficient unpolymerized monomer to give reactions in patients sensitized to the monomer. Testing for allergic sensitization to acrylic denture material with the monomer alone will indicate the presence or absence of allergic sensitization to the denture material. The polymer and the completely polymerized material apparently are not sensitizers.—*Allergic Sensitization of the Skin and Oral Mucosa to Acrylic Denture Material*, by Alexander A. Fisher, M.D. *The Journal of the American Medical Association*, September 18, 1954.

O.C.L.

RECENT ADVANCES IN LOCAL ANAESTHETIC SOLUTIONS

As some cases are regarded as being more difficult to anaesthetize than others, there is a tendency to routinely use the more toxic solutions. There are sufficient potent and relatively non-toxic solutions available at present to avoid this. Local anaesthesia is advancing rapidly. Among the new drugs which have been produced and marketed are XYLOCAINE, UNA-

(Continued on page 32)

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EDITORIAL

DENTAL PUBLIC HEALTH

Dental disease continues to be the most prevalent of all diseases, and as such has been under the most careful scrutiny of the healing arts for centuries. Investigations into the prevention and cure of dental disorders have come from practically every conceivable source—national, state and local governments, schools and universities, private industry and all phases of dentistry. When we think of the individual dentist replacing missing teeth or restoring carious lesions or giving instructions to the public in the care of teeth, that is practicing public health dentistry, but on a limited scale. But when we consider the tremendous problems of combating decay and other diseases of the mouth when they affect the population as a whole, then we can see the true meaning of dental public health.

As true professional persons, dentists must be ever ready to do their part in the eradication of dental diseases. Not only is this the goal of their education, but because of this education, it must become their code of ethics and their justification as humans on this earth. Only by doing this can we ever expect to lick dental disease and raise the health standards of humanity. How can this be accomplished, one may ask, without destroying the private practitioner and the practice of dentistry and forcing us into a national health insurance program?

If a service is to help the population as a whole in the reduction of disease without interfering with their private rights, then that measure is justified. Under this category would then fall the chlorination or fluoridation of water supplies. This could then be classed as prevention of disease. Another way to help is in the education of the public, teaching them oral hygiene and mouth care. Examples of this would be dental health education programs by the national, state and local dental societies, or by the corresponding government bodies, or on an individual basis by the practicing dentist. Still another way in helping is in research which can be accomplished by schools, institutions, private industry and once again, the three levels of government. Any or all of the above means of combating dental disease formulate good dental health which does not violate the private rights of citizens or allow the government to overstep its authority.

Proponents of socialized medicine have advocated the use of auxiliaries to care for dental needs. They would be satisfied to use partially trained individuals to do operative or prosthetic dentistry, without regard to the standard of dentistry done. Their attention is focused on the treatment rather than on the preventive phase, as has been tried in other countries, resulting in a definite lowering of the standards of dentistry. In spite of failures elsewhere, many advocates state that it would be different here, and that any plan we would put into operation would be successful. This is not true. The population would suffer the most through poor dental services.

Good dental public health, applicable and acceptable to all, still remains in the fields of prevention, education and research. Only by these means can we raise the level of dental health. If we are to be proud of our profession and worthy of being called dentists, we must all do our share in the elimination of dental disease.

NEWS AND ANNOUNCEMENTS

JAIL SENTENCE, FINE, AND PROBATION FOR DENTAL TECHNICIAN

Judge Russ Millet, of Sycamore, Illinois; County Judge of DeKalb County, on March 2 sentenced a dental laboratory technician, Pat Jones *alias* Septimos Jones, to five days in Cook County Jail, placed him on probation for one year, and fined him \$200.00 for violation of the Illinois Dental Practice Act.

Jones, former owner of the C&W Dental Laboratory at 2556 North Clark Street and one of the defendants in the Injunction Suit recently won by the Chicago Dental Society, took impressions of the gums, made, fitted, and delivered a denture to an investigator employed by the dental society.

Until recently Jones has been employed as a dental technician in the True-Tone Dental Laboratory at 127 N. Dearborn Street—also one of the defendants in the injunction suit.

Assistant State's Attorney Joseph Kerwin, assisted by our attorney, John Porter, prosecuted this criminal case.

NORTH SIDE BRANCH PETITION TICKET

Because there was not a unanimous agreement in the Nominating Committee of the North Side Branch of the Chicago Dental Society, the following slate of officers is proposed by petition. This is for the regular election to be held at the Edgewater Beach Hotel on Tuesday evening, April 5, 1955.

These candidates were selected as a result of a caucus participated in by various groups representing many segments of the North Side Branch:

President, Donald G. Wise; Vice-president, Frank M. Amaturio; Secretary, Robert B. Oppice; Treasurer, Robert C.

Pond; Librarian, Robert J. Kiechler; North Side Branch Director, Allan Rubin; Director to the Chicago Dental Society, Russell G. Boothe.

CLICK!

The next meeting of the Camera Study Club will take place on March 30 at 1:30 p.m. in the Marshall Field Annex Building, 25 E. Washington St., 11th floor. Note change in date and meeting place.

The topic for the evening's discussion will be "What is a Negative?"—we will take up the development of film and talk about negatives that are thin, dense, flat, contrasty, reticulated, etc.—*R. J. Waska, 800 West 78th St., ST 3-7800.*

NAVAL RESERVE MEETING

The next meeting of the Naval Reserve, Volunteer Dental Companies will be held on Friday, March 25, 8:00 p.m., at the Naval Armory, Randolph Street and the Lake. An interesting program will be presented by the American Red Cross, Chicago Chapter—movies of Red Cross activities and a talk by a representative of the American Red Cross. Visitors are cordially invited.—*Dr. Arndt B. Nordlie, Program Officer.*

INDUSTRIAL DENTISTS WILL MEET IN APRIL

The twelfth annual meeting of the American Association of Industrial Dentists will be held during the Industrial Health Conference at Buffalo, New York, April 26, 27, 28, 1955. Headquarters will be at the Statler Hotel. An interesting program has been arranged. All those interested are cordially invited.

NEWS OF THE BRANCHES

WEST SUBURBAN

No doubt by the time that this is read the branch will have voted in our fine new group of officers at the March 8th meeting. Each man has done a lot of work for the branch so as to qualify himself for his job and we are lucky to have such a fine group at the head of our organization. At the same meeting Dr. Sorensen gave a fine talk on oral surgery and the group appreciated his efforts on their behalf. . . . On March the 7th the Round Table heard a discussion by Dr. Blayney on fluorides in the public water supply. All the men at the meeting enjoyed hearing this authoritative talk on the subject. . . . On March 24th, Far West Study Club is going to have the privilege of hearing Dr. F. M. Wentz, of Loyola, speak on the subject of "Practical Periodontics." Dr. Wentz is well qualified to speak on this subject by virtue of much study (D.D.S., M.S., Ph.D.), and by actual practice in being a consultant to the V.A. He is Pres. of the International Ass'n. for Dental Research. If he can tell the V.A., he should be able to tell us; so come out. . . . All you Loyola men should make a point of marking off April the 20th for the all-day scientific session at the school; including a panel on occlusion by the faculty, table clinics, and exhibits. At 7 p.m. the Alumni stag banquet will take place at the Congress hotel. . . . The men in the branch want to wish Mrs. Russ Benedict a speedy recovery from her recent operation and that she will be back soon helping Russ, or no doubt he'll be in a bed beside her trying to recover. . . . I am told that Beulah Nelson is ill in the Hospital and it would be nice if anyone that could would drop her a line to help cheer her up. . . . The wife of one of our elder practitioners in the area, Ashley Hewett, is very ill in the hospital and we hope that she also will be well again very

soon. . . . Ashley has spent 60 years of his life in the study and practice of dentistry. That's quite a record to be proud of and I wonder if any man in our area can beat it. . . . We all want to wish Frank Novak the best of luck in his new office in Downers Grove. . . . We should all also congratulate Dom Aiossa on the arrival of a 7-lb. baby girl. This is after three boys in the family. . . . I have been informed that there is a sick Betty in the hospital, we all hope that one of the two stays well, and that the other gets well, until we have two well Bettys. . . . Will Fellman, to the envy of some of the branch, is down at Hollywood, Fla. hitting the white pill from rough to rough and no doubt getting a nice tan while hunting for it. . . . It would be nice if there was a real big turnout to welcome in the new officers at the April meeting. So each of you men who regularly come, drag along a friend for this one.—*Bob Randolph, Branch Correspondent.*

NORTH SUBURBAN

HERMAN, OH HERMAN—HELP! We can't say we weren't warned. News? There ain't hardly none at all. We heard that L. J. Van Note left on February 16 for Acapulco, and that Bob Kent made the same trek beginning on the 25th. That's all there is from outside of Evanston. How about some of you guys giving a hand? Surely things aren't as dead as they appear. . . . We assume this note we got regarding the All-Day Scientific Session at the Loyola University School of Dentistry is to indicate that the 72nd Annual Stag Banquet and the all-day sessions are to be held on the same day—April 20. The banquet at the Congress Hotel beginning at 7:00 p.m., will honor the classes of 1905, 1910, 1920, and 1930. The all-day session at the University will feature a panel of

the Loyola University Faculty on "Occlusion," and outstanding table clinic presentations during the afternoon. . . . We have a small question: What is a goblet?—a glass?—nope! A goblet is a small sailor. . . . Floyd Grover is mighty proud of that fancy green and black Chrysler Imperial. The first day he drove it to the office he waited around the front door of the Carlson building until he collared three or four fellows to ride home with him. We wonder if he was just showing the car off, or was he looking for some help on the gas expense? . . . Jim Best left on February 22 for Amarillo, Texas, to present a paper on Endodontia. When Jim returned we were afraid he meant to desert us for the Southland. Apparently, 'tis a land of milk and honey. . . . Charlie and Mrs. Freeman left on February 16 for a four-month trip around the world. Many more folks starting to do this will leave no one to hold down the fort. This is about number three on this particular junket. . . . Remember our pal, Jim Lynch? He's finally got the proof. Kathleen Ann weighed in at 9 pounds, 9 ounces, and is nothin' like Jim at all—she's real good—GOOD! There are several other production notices still on the fire, but we've been asked to consider the information off the record, but things are going to be popping soon (I guess that's the right word). . . . Glenn Heilemann stopped in for a second the other day and ruefully showed us a brown envelope with Uncle Sam's return address. It was addressed to Major Glenn Heilemann, and suggested a visit with our dear Uncle beginning in the near future. . . . Emmons Coe, call him peg-leg, banged up an ankle a week or so ago, and is managing on one of those pogo stick casts. . . . Ed Coolidge took some time off over the convention dates to undergo surgery of the oesophagus. Have seen both these gentlemen and both seem to be on the mend. . . . Hal Chason made a quick run to Montgomery, Alabama, to be with his Dad during a severe illness. Dad is OK now, and Hal is back with his usual happy, "Hi

theah, fellah." . . . We sorta like this little bit by H. Adams: "Practical politics consists in ignoring facts." We also ran across this one by Ben Franklin: "Many foxes grow grey, but few grow good."—*F. S. Verink, Branch Correspondent.*

KENWOOD-HYDE PARK

We would like to see some of the old-timers out to the meetings. At our March 1st meeting we were hoping to see Drs. Blayney, Braxton, Case, Clark, Comroe, Danek, Davidson, Deist, Eberle, Gethro, Grimson, Haines, Hanrahan, Honoroff, Joffec, Kelly, Libberton, Lyding, Lyon, Marshall, Mathisen, Morange, Newberger, Rosenberg, Shere, Smith, Turban, and Weaver. These men have been in practice 40 years or more. We are sorry that J. L. Murray, J. P. Lane and E. C. Cisna were not able to be with us. Dr. Murray has a great deal of trouble getting around, but is still practicing, he has more courage than most of us. Dr. Lane was out of town. Dr. Cisna has learned that it isn't safe to walk. It seems that he had an accident with some broken sidewalk and lost the battle by getting a broken hip. We are happy to report that he is getting around, but it isn't very easy, although he can still get around enough to work at the chair. We missed you, but we know that there are things over which you have no control and we will look forward to seeing you at a later date. . . . There has been a change in the program due to circumstances beyond our control. Dr. W. G. F. Schmidt will speak to us on April 5 on "Occlusal Equilibration Technique—Results and Prognosis." Election of officers is also scheduled for this meeting. Our official Nominating Committee has recommended the following slate of candidates: President-elect, W. Roy Eberle; Vice-president, Howard Harvey; Secretary, Graham Davies; Treasurer, Warren Lutton. If that isn't enough to get you to come out, then this might help—there will be some table clinics (no that in

itself is not it) put on by—some very nice young ladies. Now, are you coming out???? They will show and talk about Endodontia Assisting (Georgia Angelopoulos), Developing and Mounting X-rays (Aldine Devers), Surgical Assisting (Arlene Leonhardt), and Individualized Impression Tray (Harriet Turner). These gals are really on the ball and they are members of A.D.A.A. I am glad that there is information in the different journals because I can't remember the names of the various organizations. . . . Don't let my stupidity keep you from attending this meeting, even if only to see the gals.—Warren H. Lutton, *Branch Correspondent*.

ENGLEWOOD

I yam lookin' out the window through rose-colored eyes, watchin' a mama robin stuffin' sum worms down a couple of brat robins. The wetherman sez it is 18 degrees at the moment. It all started yesterday when Fred Verink hollers at me, "Ewe dog, cum in hear and try a snort of *Sake*." Now I'm sorta a nice guy to get along with, and I had never tasted Yapanese Yingerale, so I axe-septed his invite to imbibe. After socking the *Sake* we climed a couple of humps (*Hill & Hill* to youse), an' finally Fred falls off the chair. Now right there I started to admire the guy like all heck. I like to see a guy what *knows* when he's had enough. The Warden just came back with Djaughe from Sunday school and she sez, "Keep yer big red eyes shut tight or ewe will bleed to death." Guess I just have to get hold of myself—but I'm so darned ticklish! Ever notice how difficult it is to make pleasant conversation with the Little Woman (and in this case I use the term loosely, believe thee me) at times like this? I just asked as nice as could be, "Angel, whut's fer chow today?", and quick as anything she slaps a can of *Pard* down in front of me. Same mailing address, fellas, only farther back. Otherwise the Midwinter Show was fine. Ross Waltzer, Fred Halik, Max de la

Rua, Ben Dent, and Doc Bonnell (Pres. of Okla. State Dental Society) all showed up and made this meeting the happiest ever for me. My thanks to you boys for all the fun. Poor Ben Dent jumped outa his chair when loud calls of, "Author, author" were heard. (Ben wrote for our FORTNIGHTLY onst.) Turned out to be a drunk staggering out of a phone booth with the directory! Sed he didn't think much of the plot, but oh boy, *what* a cast! I should like to mention that Walter Howard, executive secretary of the Oklahoma Dental Society, called me while he was in Chicago recently. Uncle Walt has probably been looking for his name all this time, so cut it out and paste it up right now. From all reports, the highlight of the Show was my own limited attendance clinic, "How to Prepare Hummingbird Tongues Under Glass for Groups of Over Two Hundred." As I always say, a limited attendance clinic is one in which the *seats* are reserved and the clinician is *not*. What do *you* always say? . . . This was supposed to be a dental convention, but I never saw so many farmers in one place at one time in all my life. Why don't you know, every bar was *full* of guys cultivatin' tomatoes! . . . Next stop was the Old Timers' Room, that repository for old bones, where things liquid merged with music to form one horrible expression of pure joy. Just who it was who started *The Bottle Hymn of the Republic* (Sweet Adeline) has not been found out, but we're workin' on it. . . . Englewood in general, and a couple of the girls in particular, want mention made of the musicologists who made our Old Timers' Night the success it was, and to thank them. Through one mistake and then lack of space, this has not been done, so please, Miss Harvey, leave us not goof iny more? The music *de jour* was by Ralph Rudder and his Dry Sockets, the likes of which ain't likely to be wiched—ever. Uncle Ralph and Dick Valentine were on Saxophone (an ill wind which nobody blows good); Francis Schliesmann of North Side mauled the gee-tar; Erwin Gramke of West Suburban took

care of (?) the piano detail; and the drums got the heck beat out of 'em by one each George Bruesch, a mere civilian which Dick Valentine drug in by threat of "or else" at the next appointment George had with Dick. Just why did the Littlest Angel select the biggest sax? Only kiddin', fellas, you done real good and I hate to admit it 'cuz you didn't give me a invite to play fiddle with you. . . . My thanks to Uncle Tom Starshak for his enrolling me with the Husbands' Protective Association. That I need. . . . And now, just as all good and joyful things are a part of God's great plan of life, so must we record our tragedies and sorrows. It is with great sorrow that I tell you of the death of Dr. Eric Lindholm, Sr., who passed away at his home in Ocean Springs, Miss. At one time Dr. Lindholm practiced dentistry on the south side of Chicago, and was active in

the affairs of the Englewood Branch. It was my pleasure to have met this wonderful gentleman, for the first time on the occasion of his son's installation as president of our Branch, and twice since at our meetings. His enthusiasm for his work and his gentle ways and wonderful philosophy have made an indelible impression upon me, and I know that my feelings are shared by all whose good fortune it was to have known him. To "Ted" and to his charming mother we say, "We shall see him again." . . . Dr. Green who officed at 62nd and Ashland passed away on December 11, 1954. . . . And I'm sorry to report Ray Sauer on the sick list and in need of a few visits and calls. . . . The Kiwanis Clubs of this area have been stroked by several of Englewood's best. Bob Tharp is president of the Roseland group, one of the most

(Continued on page 18)



Dr. Samuel R. Kleiman takes time out of a busy schedule to greet Chicago Boy Scout Dominic Scacci of Troop 45 who visited him at Hilton during the recent Dental Conference.

PRESIDENT KLEIMAN HEADS SCOUT FUND DRIVE

Alex Dreier, on his N.B.C. network show recently, made a statement all of us should read.

"This is Boy Scout Week . . . the birthday of the Boy Scout Movement in this country. Forty-five years ago a small London Scout did a good turn for an American business man and interested him in the program. Since that time more than 27 million Americans have enjoyed the thrills that only the virile out-of-doors program of Scouting can give to this nation's convenience-bound boys. It has given them the chance to camp and cook, and tramp God's great woods on their own. It has given them a chance to make decisions for themselves . . . and live by them . . . mainly for their own good.

"Yet, Scouting is more than a Troop or Patrol of boys hiking through the woods. It is more than learning first aid and signaling and fire making. It is even more than the Daily Good Turn Idea, which has been associated with it for so long. Scouting is one of America's great affirmative answers to the problems that

beset us today, to the challenges to our way of life, our culture, and our ideals.

"So, today, as more than three million, six hundred and sixty thousand Scouts dedicate themselves to the Scout principals of Duty to God . . . Duty to Country . . . Duty to others . . . and Duty to self . . . we offer a Scout salute to the Volunteer leaders and to the boys themselves.

"Happy anniversary, Scouts. We hope your influence will be at hand to extend itself for many years to come."

Dr. Samuel Kleiman who is acting as Chairman for the Dentists' Division of the Boy Scout Fund Drive adds just a few words to Mr. Dreier's message.

"As professional men we have a stake in Chicago. I personally believe that each of us is important today in our Community's tomorrow. By making a contribution to the Boy Scouts of America's great youth organization, we can help insure the future. Send your contribution to me, Dr. Samuel R. Kleiman c/o Boy Scouts of America, 9 W. Washington Street, Chicago 2, Illinois."

* * *

LETTER TO THE EDITOR

December 9, 1954

Editor, Fortnightly Review,
Chicago Dental Society,
30 N. Michigan,
Chicago 2, Ill.

Dear Doctor:

It has been called to my attention that the summarizer of my article in *North-West Dentistry* for July 1954 has inadvertently given a meaning to my statements which was not intended by me in the summary which appeared in the Fortnightly Review for December 1st.

As the summary reads starting at the bottom of page 32: "Hypnosis is not a substitute of chemical anesthesia. Some individuals need too much training, and hypnosis for routine, general dental use is not practical."

To give the true meaning of the article this passage should read: "Hypnotic anesthesia is not a substitute for chemical anesthesia. For the former some individuals need too much training, and therefore hypnotic anesthesia for routine, general dental use is not practical."

Hypnosis is very practical in the dental office to deal with the types of cases mentioned in the article.

I would appreciate it if you would make the indicated correction in a forthcoming issue of the Fortnightly Review in order that there be no misapprehension of the meaning of my article.

Thank you for your consideration in this matter.

Sincerely,

William T. Heron,
Professor of Psychology

NEWS OF THE BRANCHES

(Continued from page 16)

active clubs in the Chicago area. Otto Wagner is the '55 president of the Stock Yards Club. Matt Deplewski, Walter Raczynski, Val Siedlinski, and Marion Kostrubala, all past-presidents of Kiwanis Clubs on the south side, attended the installation of Otto Wagner. . . . Chuck Sinard made a dash to Florida as did Ralph Rudder in his new Cadillac—with white rugs yet! . . . Youse guys have had it too good—

— OWED TO WINTER —

O-o-o-o-oh, what a blamed uncertain thing

This pesky winterwuz

It blew an' snow an' then it thaw

An' now, by heck—it's fruz!

Don't never forget the Loyola Alumni 72nd Annual Stag Banquet, \$8.00 per plate. Charge slightly less if you bring your own stag. Date, April 20th. Time, 7:00 p.m. Place, Congress Hotel. Classes of '05, '10, '20, and '30 are being honored. Dinner gratis for the class of 1905, so powder yer hair an' come a-runnin'. All-day scientific session at the Ol' School, clinics, exhibitions of strength and daring, etc. The famous Irish dentist, Dr. Mal O'Cclusion will be cussed and discussed by a panel. Members of the "board," no doubt? . . . Next meeting of the Camera Study Club will be held on March 30th at 1:30 in the Field Annex, 25 E. Washington, 11th floor—room to be found by snoopin'. Note change in date and place of meeting. Lecture, "What is it—a Negative?" We will take up the development of film and a discussion of negatives that are thin, dense, flat, contrasty, reticulated, etc., and figger out how to print 'em. Somebody bring me a hamberger, please? Came home from the last meeting with A. C. King. We stood all the way home on that there "L", and is that guy ever light on my feet! . . . Uh oh, the War Department is hollerin' to come and get it. Don't know what I'd do without that gal—but I'd sure like to find out.—"Commodore" Wittle Wo, Local 602, Branch Despondent.

NORTH SIDE

Now the tournament begins. The official nominating committee has given me the list of official candidates for the North Side: Director to the Chicago Dental Society—Earl Elman; Director of North Side—R. E. Kadens; President—Herbert Gustavson; Vice-President—Harold Sitron; Secretary—Francis J. Hanagan; Treasurer—Jules Barrash; Librarian—Raymond Bro. Day of Election for these officers is April 5th, the same day as the city election for mayor. This is a good time to prove your capacity as a good citizen and good member of the Chicago Dental Society to vote in both capacities for good government in your city and good responsible men to represent you on the North Side. I am being constantly reminded by detail men who come to my office about their enthusiasm for the North Side clinic day and how anxious they are to come back again; in fact, two men who did not show last year want in for the next clinic day. These men who are officially nominated were responsible for this tremendous event, especially Herb Gustavson. He did an outstanding job of organization and securing the talent representing the best dental thinking of the nation. Standing behind him was Rube Kadens as counselor and hard working associate in seeing that everything worked smoothly. Incidentally, every one of these men was also responsible for the OASI buttons that you saw at the Midwinter Meeting. An outgrowth of that button is a nationwide organization with Earl Elman as secretary to petition the American Dental Association for a poll of all members on OASI. An interesting sidelight about the OASI is that a Dr. Weeks from Iowa took an individual poll at the Midwinter Meeting of 102 men with 98 men for Social Security for dentists and their families. Jules Barrash who is one of our enthusiasts for good dentistry and good dental societies tells me that Dr. George Wallings from Pueblo, Colo., has been in contact with him, saying that

(Continued on page 26)

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Central Offices: 30 N. Michigan Ave., Chicago 2, Ill., Phone RAndolph 6-4076

Kindly address all communications concerning business of the Society to the Central Office

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Applications for Membership

The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with Sol A. Shiret, 25 E. Washington St. Anonymous communications or telephone calls will receive no consideration.

Applicants

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(Continued on page 29)

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For Sale: LOOP dental office—Pittsfield Building. Price right for quick turn-over. Address C-10, The Fortnightly Review of the Chicago Dental Society.

For Sale or Lease: Dental office in Field Annex. Call Mr. Middleton, STate 1-1305.

For Sale: Old established office on busy corner of Northwest Side. If interested, come and use one of my 3 chairs and find out. Call HUmboldt 6-5815.

For Sale in Near Future: Dental office and practice, 2 chairs, located on far Northwest Side. All replies confidential. Owner leaving city. Address C-11, The Fortnightly Review of the Chicago Dental Society.

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Office Space Wanted: Loop. Saturday only. Preferred—25 E. Washington. With or without equipment. Phone JUniper 8-3303.

Wanted to Rent Part Time: North Side dental office—with intention to purchase same. Cash available for desirable office. All replies held in strict confidence. Address C-18, The Fortnightly Review of the Chicago Dental Society.

Wanted to Rent Part Time—Skokie, Lincolnwood or adjacent area; possibly in exchange for part time at 30 N. Michigan. Alfred T. King, RAn-dolph 6-4274.

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Wanted: Hygienist or experienced dental assistant. Loop office, 25 East Washington. Telephone RAn-dolph 6-1899.

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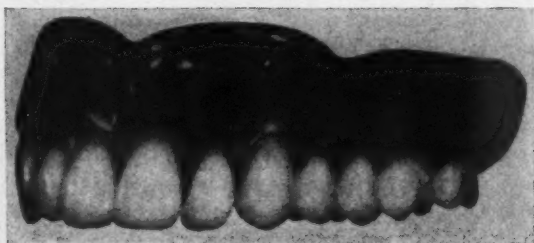
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PERIODONTAL DISEASE

(Continued from page 8)

For a long time misdirected insistence that the use of drugs be allotted an important role of the local treatment of chronic periodontal disease hampered progress in periodontology. Fortunately, this reliance upon local drugs is now on the decline. Each year, however, the allure of the touchstone which fascinated the medieval alchemists entices new enthusiasts who re-acclaim the omnipotence of such magic potions as superoxol, silver nitrate, paraformaldehyde, or antiformin.

Current methods of periodontal treatment attained their degree of effectiveness because they are predicated upon a rationale evolved from an understanding of the disease processes with which they deal. Techniques which have their foundation in the use of locally applied drugs for the eradication of periodontal pockets begot the basic principles upon which effective treatment is based. It may properly be claimed that the risk of unnecessary tissue injury and impaired healing which such drugs introduce can be avoided by meticulous usage. However, such drugs represent an irrational, entirely unnecessary complication of periodontal treatment. It makes little sense to interrupt an instrumentation procedure which will effectively eradicate a periodontal pocket in order to introduce a drug application in the hope that it will result in tissue changes which can be attained by the instrumentation alone. The folly of attempting pocket eradica-



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tion by drugs alone, without instrumentation, reaps a reward of unnecessarily extracted teeth.

Up to the present time, the treatment of chronic destructive periodontal disease has been essentially confined to local procedures. Antibiotics and chemotherapy are employed to alleviate systemic complications in acute gingival disease and as prophylaxis against ill-effects of bacteremia. The utilization of systemic medicinal therapy either alone or as an adjunct to the local treatment of chronic destructive disease has not materialized beyond the realm of intriguing possibility. A few clinical reports have appeared in which European investigators describe beneficial results from systemic treatment with different medicinals.³ However, no steps were taken in the direction of the controlled laboratory experimentation and clinical study which would be necessary for exploring the possibility of systemic therapy on a fundamental level.

It was our opinion that if a rational basis for systemic therapy were to be developed, it would have to be concerned with a mechanism for influencing the nature of the bone response in chronic destructive periodontal disease. In the past, research regarding periodontal bone loss has been focused upon the effects of destructive factors of either local or systemic origin. Little consideration was given to investigating mechanisms whereby bone loss could result from inhibition of the normal formative processes without the introduction of actual bone destructive factors.

Our early animal experiments led us to feel that the problem of bone loss in periodontal disease is not concerned solely or primarily with processes whereby local or systemic disturbances overtly destroy the bone. More subtle influences which affect tissue metabolism come within the realm of our problem. In fact, any condition, local or systemic, which inhibits the anabolism of bone will cause loss of bone substance which clinically would be comparable to bone loss induced by overtly destructive local or systemic influences. Such disturbances in tissue metabolism are reflected in deficiency of bone matrix protoplasm, or deficiency in osteoblastic activity, which in the presence of normal bone resorptive activity would result in bone loss. From the clinical viewpoint, such subtle disturbances in tissue metabolism could very well (a) be the cause of alveolar bone loss in the absence of inflammation or (b) could accentuate the severity of alveolar bone loss in the presence of inflammation or (c) could, by diminishing the capacity of alveolar bone to accommodate functional forces, cause ordinarily physiologic forces to become injurious to the bone.

An approach to the problem of alveolar bone loss in periodontal disease as a problem in tissue metabolism directed our attention to the hormonal influences which are constantly in effect in regulating anabolic and catabolic activity in bone. According to Albright⁴, among the steroid hormones produced by the adrenal cortex and important in the regulation of bone activity, are two types, the "Nitrogen" or "N" hormones which stimulate protoplasmic anabolism, and the "Sugar" or "S" hormone which inhibits this activity. Normally, in the male and female, these hormones are in balance. Disturbances of this sensitive balance which could create an excess in "S" hormones would theoretically cause impairment in deposition of osteoid by the osteoblasts and result in osteoporosis and loss of tooth-supporting bone.

To explore the effect of a disturbance in the corticosteroid hormone balance upon the alveolar bone, an experiment

was conducted in which adult mice were injected daily with 0.5 mg. of cortisone for periods up to 43 days.⁵ This experimental procedure resulted in osteoporosis of alveolar bone characterized by reduction in the number of osteoblasts and the amount of newly formed osteoid matrix with an accompanying reduction in the height of the alveolar bone. In the periodontal membrane there was reduction in the number of fibroblasts and collagen fibres, and degeneration of the fibres. These changes in the alveolar bone and periodontal membrane occurred unrelated to gingival inflammation. Comparable changes showed up in bone and periosteum in other areas of the skeletal system.

After establishing the importance of metabolic interrelationships in governing the severity of bone loss in chronic destructive periodontal disease, it was inevitable that we become concerned with the possibility of systemically influencing alveolar bone in a constructive manner with a view toward retarding bone loss in periodontal disease.

In our initial experiments in this direction, adult male and female mice, receiving cortisone daily, were, in addition, injected each week with 600 R.U. of estradiol benzoate.⁶ Microscopic examination of the jaws revealed that the pronounced destructive effect of the systemic administration of cortisone upon the bone was not predominant. Instead, the major finding was new bone formation adjacent to the periodontal membrane along the endosteal surfaces and at the crest of the interdental septum, so that the height of the bone in relation to the teeth was restored.

These experiments represent the first demonstration of the restoration of alveolar bone by a form of systemic medicinal therapy. A systemic approach to the

treatment of chronic destructive periodontal disease which would aid in the prevention of tooth loss by restoring bone to support the teeth offers an attractive prospect. However, it should be emphasized that we are reporting experiments in animals. The estrogenic hormone was used as an "experimental tool" to investigate the validity of a principle. It is not our intention to convey the impression that estrogenic hormone is the only substance with which the restoration of alveolar bone may be attained in animals. Nor may it be presumed that comparable changes will occur in humans. The presentation of our findings at this early stage in our investigation is intended as a stimulus for the further research which will be necessary before any inference can be drawn regarding the feasibility of systemic therapy for the restoration of tooth supporting bone in humans with periodontal disease. Such research may point out the direction for the initial step in an entirely new approach to the treatment of the major dental ailment with which the adult population is afflicted.

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NEWS OF THE BRANCHES

(Continued from page 18)

Colorado dentists cannot for the life of them understand why with so much of our dental population instructing their delegates to vote for OASI they have not honored their commitments. By the way, the American Bar Association which is exactly like our own A.D.A., has voted to accept OASI. He also says that you can write your state secretary and request a poll for the state of Illinois. You may rightfully ask why I am devoting so much time on this subject. Well my answer is this: as correspondent it is my duty to tell all of you what is happening in dental life on the North Side which can affect the future of your lives. . . . Welcome to new members on the North Side—Drs. Fred Zissman, Leo M. Gotteiner and Donald Casey. Incidentally, Dr. Casey just completed his residency in Oral Surgery at Hines Hospital. Our official candidate for Vice-president to succeed himself, Hal Sitron is getting himself in condition for next year by joining the Wilson "Y" in the businessmen's classes. Wonderful idea for all the "heavy-weights." . . . Our soldier boy, Mort Gorchow, is on a 30-day leave because of surgery. . . . Loyola University is having a stag banquet at the Congress Hotel on April 20th. The classes of 1905, 1910, 1920 and 1930 will be honored. Dinner is gratis for the class of '05. This is the annual alumni day. In the afternoon there will be a panel on occlusion and table clinics, also outstanding exhibits. . . . Any fisherman interested in learning how to get a Canadian fish, contact Ted Dubrow . . . The Uptown Dental Forum is celebrating its 8th Anniversary dinner and installation of officers on March 22nd at the Chez Paree. All its friends and wellwishers are very welcome to help celebrate with these enterprising enthusiasts for the promotion of professional good will and the progress of good dentistry. The most remarkable thing that has happened on the North Side in the last few years is the enthusiasm and opportunities for every

one of the branch members who so desired to take an active and wholesome interest in the function of this branch. Some of our men may not be as outspoken as others but, nevertheless, the amount of work they have accomplished and counseling they have given are just as responsible for the success of our branch. I mean we all can't be the half-backs or tenors, and the backs and leading tenors are worthless without the supporting players. So come out and give your support. Plan now to be out and vote on April 5th. Remember only by voting can you make your voice heard above the tumult and the shouting; and when you come to vote don't forget to bring your colleague along with you.—*Joseph W. Gordon, Branch Correspondent.*

SOUTH SUBURBAN

This is the time of the year that the wealthier of the men of South Suburban take their vacations. Henry and Mrs. Bahlman are leaving for a month's trip out California way and A. W. and Mrs. Brookstra are heading for the sunny climes of Florida. C. E. Folkers is making his semi-annual trip to Miami to inspect his holdings and just to check up generally and see that the city is doing its job in maintaining the dignity of the place. . . . All of us sure do feel proud of the wonderful job that Harold Drummond is doing as chairman of the fund drive for the YMCA in Harvey. For the second year in a row, Harold has put the drive over the 100% mark in fulfilling its quota. . . . In the new car department we have word that things are really humming out Lansing way—W. G. Bierma and J. G. Bergman are both sporting 1955 jobs. Bierma's is a Pontiac and Bergman is piloting a Chevrolet hardtop. . . . Also from that neck of the woods we got word that S. L. Partyka has moved his office from Hammond to Calumet City and will be joining our group. . . . On behalf of our South Suburban group a floral offering was sent

to Pete Iagmin's father who suddenly passed away on the first day of our Midwinter Meeting. Pete asked me to pass on his thanks to all of you for your kindness and sympathy. . . . Those of you who were in attendance at our March meeting should know now how to make money without working for it via the route of wise investments *ala* Hornblower and Weeks. There is only one hitch to the whole thing—that is you have to have the money first. . . . That's all for now. Let me hear from you all once in a while.—*H. C. Gornstein, Branch Correspondent.*

WEST SIDE

The arrival of the month of March in Chicago was like that of a meek lamb. Weatherwise we witnessed springlike weather, but politically the atmosphere was at a lull especially after the hectic primary election. But from all indications and predictions the March winds are expected to blow up a political storm which will cause the lion to let out a big roar in Chicago closing the month of March. . . . Our own Irwin Robinson, Harold Epstein, and four other dentists, participated in a "PROJECTED CLINIC" shown at the recent Midwinter Meeting in Chicago. In fact this was the first attempt of its kind in the Midwest, each dentist presented his entire subject with slides followed by an explanation of each one. This type of presentation was somewhat of a combination of an essay and table clinic program, limiting each speaker or subject to twenty minutes. Much credit for this new type of presentation is given to Gerson Gould who organized it. He has put in much time and effort with his clinicians so that it would be a success. This type of presentation went over so well at the convention that a somewhat similar performance by Robinson and Epstein will be conducted at the Loyola Homecoming on April 20. **DON'T FORGET TO ATTEND.** . . . Oscar Cyrier has retired and we wish that the days following his

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retirement will give him as much comfort and happiness as those during his practice in dentistry. . . . The entire West Side Branch and its many friends extend their most sincere condolences to Bob Tuck on the passing away of his dear mother. . . . Bill Gubbins has switched to milk for Lent which means money usefully spent. . . . After attending the dog races in Florida and finding Lady Luck no longer to be on his side, Bob Bailey suddenly noticed Snozzolla Durante's conscience roosting on his shoulder and telling him, "BAILEY, WON'T YOU PLEASE COME HOME." . . . Irvin Miller left for Excelsior Springs, Missouri, for those mineral baths. His son Irvin, Jr. will run the office. These mineral baths probably are one way of boiling out the badness in all of us which accumulates during the year. . . . Franklin Nienstedt's son, Junior, has been released from the army. . . . Jesse Owen is back in his office after an operation. . . . Ed Rus, Jr. took over the late Dr. Picha's office in Cicero. . . . Dr. George Blaha's son, August, is biding time until the eventful day in May or June when he will marry a young lady from the city of Guatemala. . . . That ends the news for this issue. — *Your Branch Correspondent, Frank J. Kropik.*

NORTHWEST SIDE

Too early for a report on the March meeting, and about an issue too early to beat the drums for the April meeting. Enuf to say that the March meeting will be on the subject of saving money, and the April meeting on how to spend it cheerfully. So mark your book for the April meeting. April 12, that is. . . . Comes word from our senior member of the branch, Frederick K. Liermann will have been in and out of the hospital for eye surgery by the time that this FORTNIGHTLY reaches you. . . . I see by the papers that the American Bar Association has decided that OASI isn't such a bad thing at that. That leaves we'uns and the physicians as the last bulwark of

something or other. With the result of the poll taken by our Chicago Dental Society last year, some action should be forthcoming from the State Society. Maybe it will. . . . The Nominating Committee for the branch held its meeting, with Joe Lebow as chairman. The membership of this committee is composed of all past-presidents of the branch who have attended two meetings during the year. The following slate will be presented to the branch at the March meeting: President-elect, I. Frank Brzezinski; Vice-president, Folmer Nymark; Secretary, Alf H. Altern; Treasurer, Thad V. Weclaw; Chairman of the Branch Board of Directors, Theodore J. Serr; Director (2 Years), Thad A. Czeslawski; Director (3 years), Raymond R. Rux; Director to Chicago Dental Society, Herman R. Wenger. . . . Submitted by petition for Director to the Chicago Dental Society, Ben P. Davidson. . . . The officers will be elected at the April meeting. Publication in this issue of the FORTNIGHTLY constitutes official notice to the branch members as per our constitution. . . . Gerson M. Gould made such an overwhelming hit with his projected clinics at the Midwinter Meeting, that the Alumni Association at Loyola put in a bid for a repeat performance. So Gerson has arranged 3 projected clinics which will be presented at the 72d annual homecoming of C.C.D.S. of Loyola University. Gerson tells me that there will be about 20-25 table clinics, some to be manned (forgive, please) by dental hygienists and assistants. This will be an all-day affair. Mark your book now—April 20. Clinics in the morning and afternoon, with a panel on "Occlusion." All of this winding up with a banquet at the Congress Hotel in the evening. The classes to be honored will be the classes of 1905, 1910, 1920 and 1930. Reservations should be made with the dinner chairman at 1757 W. Harrison St., Chicago 12, Ill. . . . And whatever became of all the chit chat that used to grace these columns? Either a matter of life and death, or no news. It's really amazing. . . . Have you been watching

TV Dental Clinic on Channel 7 at 2:15 p.m.? The Committee on Dental Health Education would like your comments. . . . That's all for now.—*Ben P. Davidson, Branch Correspondent.*

* * *

DEFTLY DEFINED

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* * *

APPLICANTS

(Continued from page 19)

CHAMPAONE, JEROME L. (N.U.D.S. 1954) North Side, 4802 N. Damen Ave. Endorsed by Donovan W. Brown and Arne F. Romnes.

FAHRENBACH, JEROME J. (Loyola 1952) Northwest Side, 5732 N. Milwaukee Ave. Endorsed by Lawrence E. Lucas and Orville C. Larsen.

KEMLER, EDWARD A. (N.U.D.S. 1952) North Side, 311 E. Chicago Ave. Endorsed by John R. Thompson and T. M. Graber.

PARTYKA, STANLEY L. (Loyola 1945) South Suburban, 716 Wentworth Ave., Calumet City. Endorsed by Thos. R. Wright and A. G. Person.

PETRIZZI, ALBERT (Loyola 1943) Northwest Side, 6058 W. Addison St. Endorsed by B. H. Sachs and Warren H. Lutton.

PROROK, EDWARD S. (Ill. 1950) West Suburban, 715 Lake St., Oak Park. Endorsed by A. G. Person and Q. F. Mangion.

TRACE, LESTER (Loyola 1942) North Side, 1046 Wilson Ave. Endorsed by Paul H. Brown and Ray T. Klein.

WALZ, ROBERT E. (Loyola 1954) Englewood, Lincoln AFB, Neb. Endorsed by H. C. Drummond and Warren H. Lutton.

WINER, MYRON S. (U. of Ill. 1953) West Side, James Connally Air Force Base, Waco, Texas. Endorsed by Robert G. Kesel and Bennett Klavan.

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ABSTRACTS

(Continued from page 10)

CAINE, RAVOCAINE, AMETHOCAINE, NORADRENALINE, OENETHYL and VASOPRESSIN. It is important to assess the task and the patient before choosing the anaesthetic solution. It is suggested that the general practitioner in the practice of dentistry have at least the three following solutions on hand:

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3. A non-toxic solution for the "risk" patients, e.g., cardiacs, thyrotoxicos, or diabetics. This solution should be an adrenaline free solution of XYLOCAINE or one containing OENETHYL or vasopressin.—*Recent Advances in Local Anaesthetic Solutions and Allied Drugs for use in Dentistry*, by B. G. Broadbent, M. D.S. *The Dental Journal of Australia*, June, 1954. O.C.L.

OCCLUSAL EQUILIBRATION

Pathological occlusion plays a significant role in the etiology of periodontal disease. The diagnosis and treatment of

periodontal disease should not be undertaken without careful consideration of the occlusal factor. Regardless of whether it is a primary etiological factor in some instances or merely contributory in others, it is fairly unanimously agreed that traumatic occlusion increases and hastens the destructive processes in the established periodontal condition. Occlusal equilibration must be a systematic procedure. Spot grinding is a dangerous practice, suggesting haphazard grinding of the teeth and should not be confused with scientific equilibration. The latter involves a thorough study of the normal picture and the individual formulation of a plan of treatment of the abnormal. Dentists have been criticized for undergrinding, overgrinding or not grinding at all, but when in doubt it is better to do too little than too much. There is no phase of restorative dentistry in which the importance of the occlusion and the articulation of the teeth can be ignored. Innumerable prosthetic failures are due to indifference and inattention to the occlusal factor. Selective grinding renders greater service as a preventive rather than a curative agent. Occlusal equilibration opens up a new field of endeavor in dentistry, especially in this era of universal awareness of prevention. It must be accepted as an integral part of dental practice.—*Occlusal Equilibration of the Natural Dentition*, by Sam Cripps, B.A., D.D.S., L.D.S., R.C.S. (Eng.) *The Journal of the Canadian Dental Association*, September, 1954. O.C.L.

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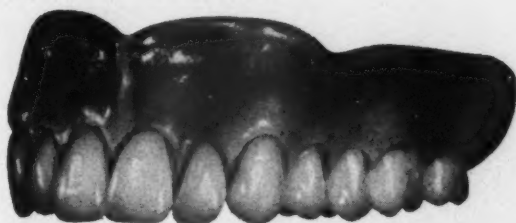
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